



Maine Department of Agriculture
Division of Quality Assurance and Regulations
28 State House Station
Augusta, Maine 04333-0028
Phone: 207-287-3841 Fax: 207-287-5576



TRADEMARK LICENSE APPLICATION

I have read the rules and regulations adopted by the Maine Department of Agriculture, Food and Rural Resources (MDAFRR) governing the use of the State of Maine Quality Trademark /Blue, White and Red Trademark design for identifying the Maine Agricultural or Natural Resource products. I agree:

- to comply with the terms of this license,
- to submit samples or design of tags, labels, bags, container or merchandise for approval by the Commissioner of Agriculture,
- to cooperate with MDAFRR and any of its authorized agents in carrying out the requirements and regulations relative to the State of Maine trademark designs and
- to pay all fees incidental thereto.

TYPE of Request:		Quality Trademark		Quality Trademark Provider		Blue, White & Red
Section 1. Establishment Information						
Applicant Name:	«DNAME»				New Business?	<div>Yes</div> <div>No</div>
Street Address:	«ADDR»					
City:	«CITY»		State:	«STATE»		Zip: «ZIP»
Telephone:	«PHONE»		Fax:	«FAX»		
Email:	«EMAIL»				July 1 to June 30	
SS# or Fed ID:	«IDNO»					
Contact Name:	«ATTN»					
Maine Agents /Distributors:						
Name:					Address:	
Check business type:	<div>Grower</div>	<div>Processor</div>	<div>Broker</div>	<div>Packer</div>	<div>Shipper</div>	<div>Handler</div>
Section 3: License Fees						
	\$25 year - State of Maine Quality Trademark License					
	\$25 year - State of Maine Quality Trademark Providers License					
	\$2 year - State of Maine Blue, White and Red Trademark License				Lot #:	«LOT»

License fees must accompany application. Checks must be made payable to: TREASURER, STATE OF MAINE

Total of ALL License Fees:

Print Name: _____ Signature: _____ Date: _____

NOTICE: Any false written statements made by the undersigned, with the intent to deceive a public servant in the performance of his or her official duties, may expose the undersigned to criminal liabilities under 17-A MRSA 453 1.B. (1).

OFFICE USE ONLY						
Date Received:					Comments:	
Date Reviewed:						
Reviewed By:						
Application:	<div>Approved</div>	<div>Rejected</div>	<div>Returned</div>			
Date Returned:						
Current License #	«TDMKLIC» «TDMKLIC2» «TDMKLIC3»					
Expiration Date:						
Method of Payment:						
<div>Check #</div>						
<div>Cash Receipt #</div>						
<div>Credit Card #</div>						
Credit Type:	<div>MC</div>	<div>VISA</div>				
Expiration Date:						